

REQUEST FOR INDEPENDENT STUDY

INDEPENDENT STUDY – designed to cover specialized material not usually included in a course offering listed in the catalog. MUST BE SUPERVISED BY AN APPROVED INSTRUCTOR.

ALL ITEMS MUST BE ATTACHED TO THE PROPOSAL OR IT WILL BE RETURNED TO THE STUDENT

Name: _____ Student ID # _____ Date: _____

Address: _____

Degree/Concentration: _____ Term Requested: _____

1. **Consult** with desired supervisor and obtain their agreement to supervise this Independent Study.

Title of the Study: _____

Credit hours: _____ Professor's signature: _____

2. **Attach** a typed proposal containing the following; working with the desired supervising professor:

- a. Statement of Purpose (1 paragraph)
- b. Significance of the Study (2-3 paragraphs)
- c. Description of the Methodology (1 page at most)
- d. Description of the length of the project (e.g., 10-15 pages, 10 lessons, etc.)
- e. One full page of bibliography (Turabian style) representing the complete spectrum of the study

3. **Communication Agreement:** The student must contact the professor at least once every two weeks during the independent study time period. Students are encouraged to do so by email; other options include office appointments, phone calls or other means deemed appropriate. Student signature: _____

4. **The Independent Study fee is \$120 per credit hour; this is in addition regular tuition charges.**

1. **Submit** proposal and all items requested to the Department Chairperson and the Dean/Chief Academic Officer for signed approval. Electronic signatures are acceptable. Once required signatures are obtained, please submit all documents to the ATS registrar's office (fax 419-289-5650; email ATS-registrar@ashland.edu; mail, or in person).

2. **APPROVAL** is required before an independent study may be registered or coursework started. **The student must gain all necessary approvals before the end of the add/drop period for the desired semester of registration.**

ACTIONS:

_____ Approved as Proposed

_____ Approved with modifications as follows:

_____ Not approved; reason(s) follows:

Dean/Chief Academic Officer

Date

Course number assigned: _____

An email notification will be sent to verify registration with a copy of the approved request.

FEE PAID: _____